Exhibit 4

ALERE

An Overview of Alere's

Personal Health Support

for AHIC Chronic Care Workgroup

Sept. 27, 2007

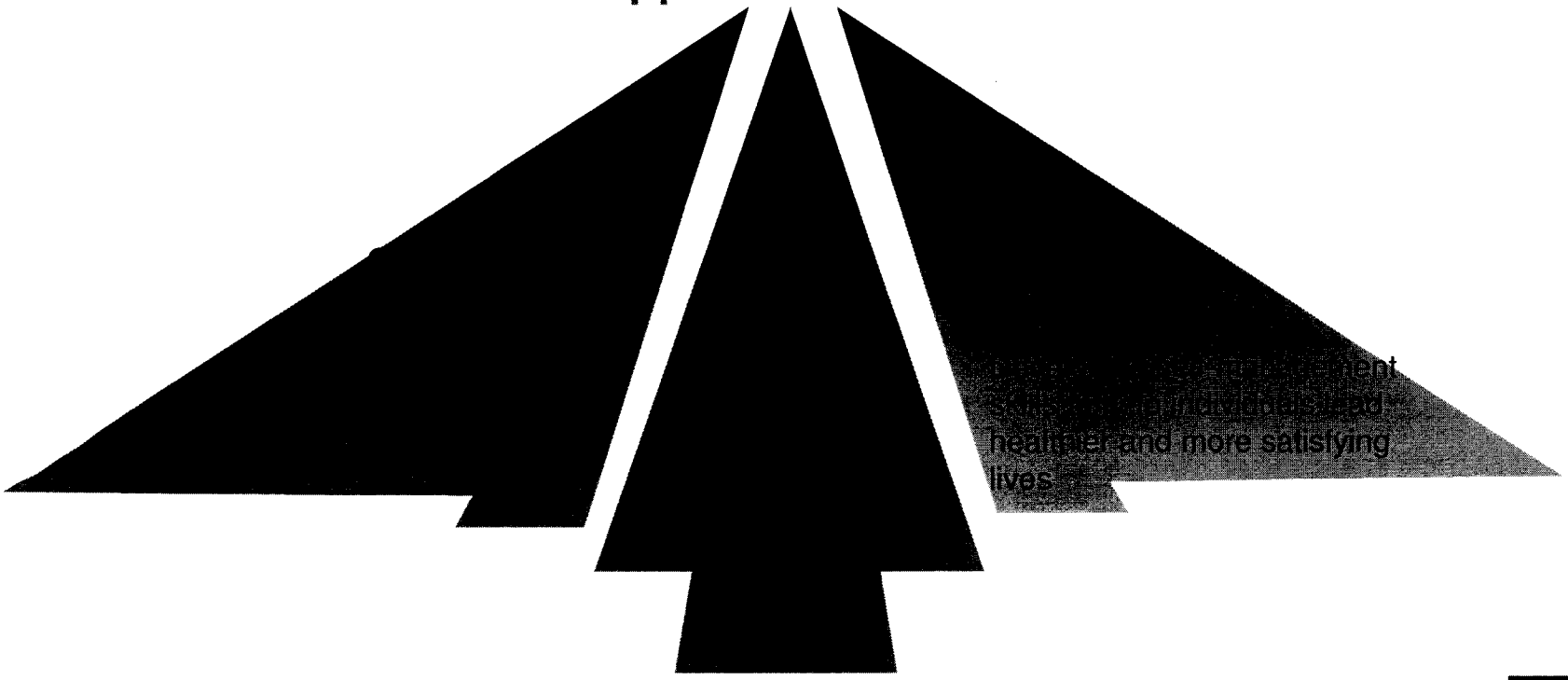
Gordon Norman, MD, MBA
EVP, Chief Science Officer

Connecting. Caring. Empowering.

Alere: the Meaning, the Mission

a•lere (∂lere) v.

"To support" or " to nourish"



Dedicated to improving health and supporting a population's health needs

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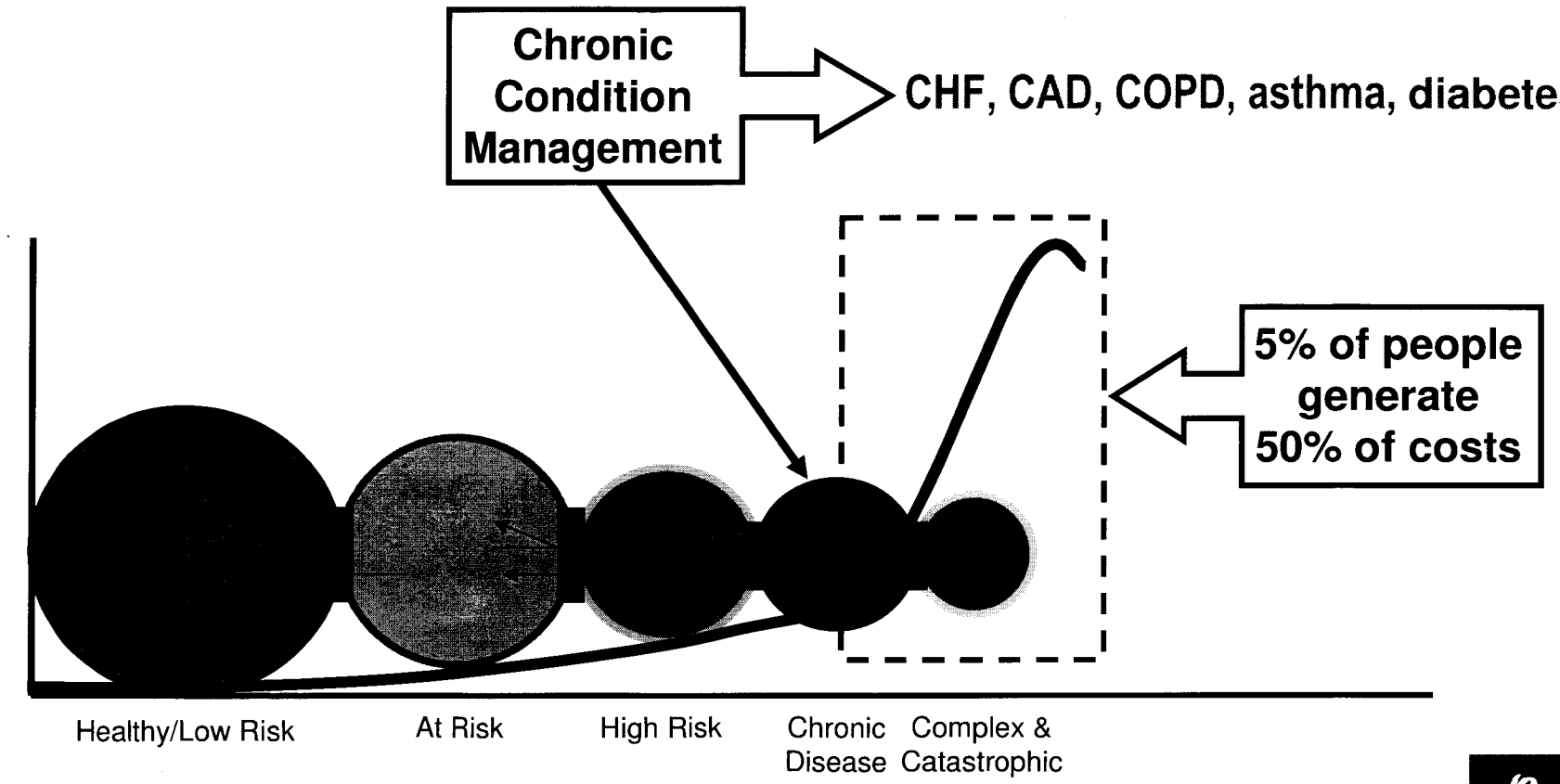
Company Overview

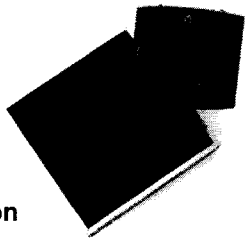
- Leading provider of disease management services designed to improve health, productivity, and wellness of its participants
  - Cover over 25 million commercial and 2 million Medicare lives
- Company's strategic success reflected in our dynamic growth
  - 2003-2007E Revenue CAGR 50%, Employee CAGR 42%
  - Currently 5th largest independent DMO in U.S.
- Transitioning to a full Personal Health Support company
  - Chronic condition management with remote monitoring
  - Prevention, wellness, health coaching, risk reduction
  - Disability & absence management, EAP integration
  - Support of clinicians & medical home
  - Personal Health Record for participants, clinicians

Alere's Initial Focus



Reference: EW "Chronic Care Model"

Our Pursuit of Excellence



1996 ALERE Medical founded

1999 Started monitoring heart failure patients

2000 Third party HF outcomes validation

2002 DayLink® Monitor 110

2003 WHARF trial published

2004 DMPC recognizes Alere's Pacificare results for plausibility

2005 Partnered with Joslin Diabetes Center

2006 Acquired DM programs of National Jewish

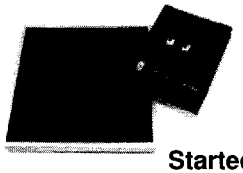
2007 DayLink® Monitor 112 (multi-condition)

2008 Company buyout by TA Associates

Providing integrated population health management programs

DayLink® Monitor 100

Transformed to a pure play disease management company



Joslin Diabetes Center

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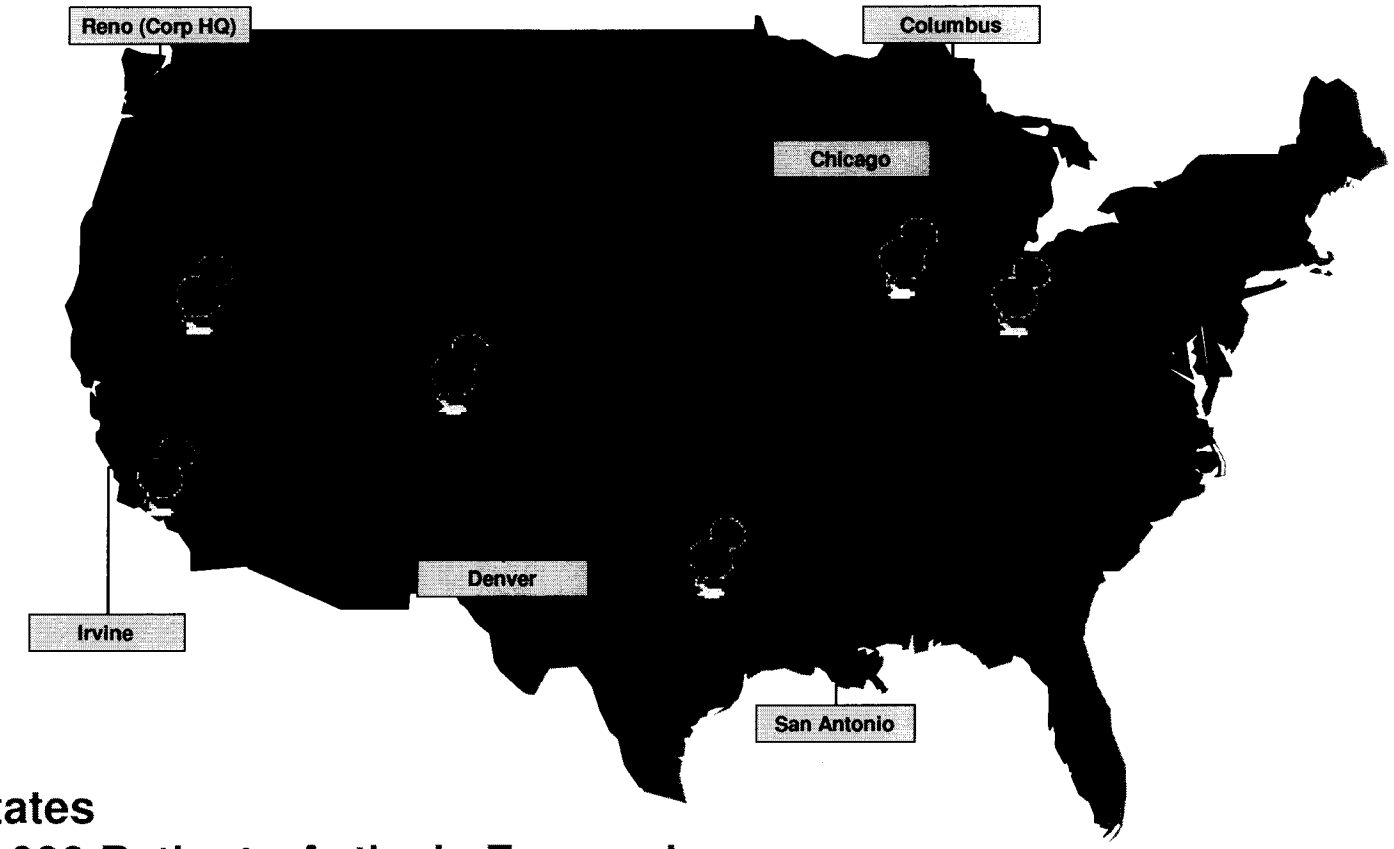
Our National Presence



- 50 States
- >100,000 Patients Actively Engaged
- >25 Million Covered Lives / >2 Million Medicare Lives

Alere Clients

Optum
UnitedHealthcare
A UnitedHealth Group Company

Blue Shield
of California
An Independent Member
of the Blue Shield Association

HUMANA
Guidance when you need it most

TUFTS Health Plan

HealthPartners.

HIP
HEALTH PLAN OF NEW YORK

Blue Care
Network
of Michigan

Health Net

Palo Alto Medical Foundation
PALO ALTO Medical
for Health Care Research & Education

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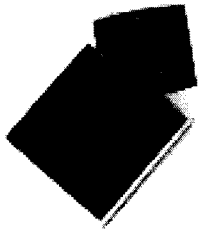
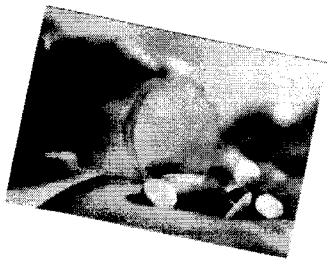
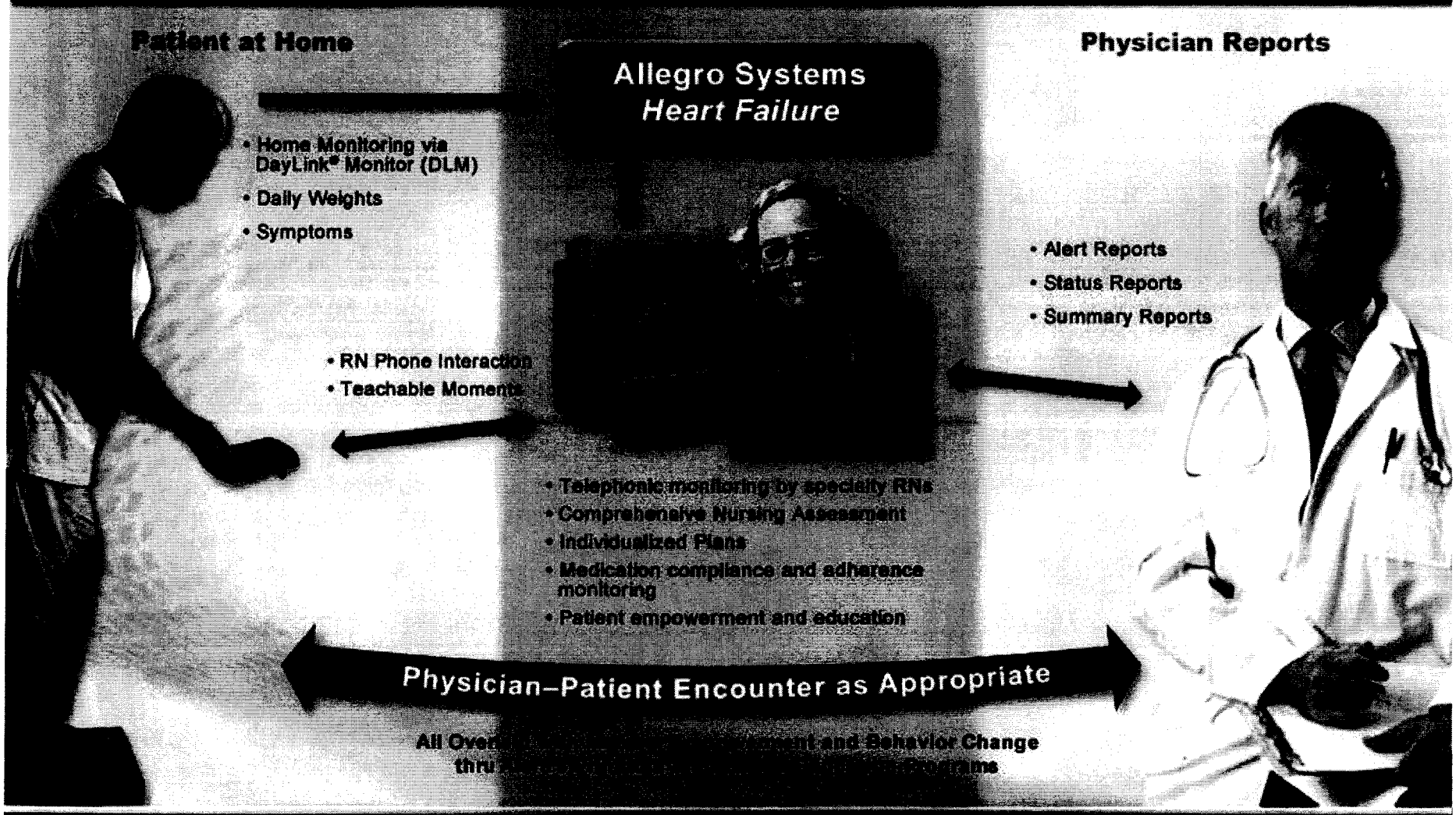
Data Driven Interventions





- Effective incorporation of multiple data points
  - Claims, PBM, lab, biometric, symptoms
  - HRA data, behavioral readiness to change
- Real-time access to patient specific information for
  - Risk stratification
  - Validation, interpretation and patient coaching
- Alere serves as the "eyes and ears" of the physician for each patient transmitting "just-in-time" critical information for the physician's intervention

Data Driven Interventions



Allegro Proprietary DM System

- Integrated, scalable platform for candidate acquisition, program enrollment, patient engagement, clinical intervention and outcomes reporting
- Powerful features include the ability to:
  - Electronically collect patient specific data
  - Graphically display key data over time
  - Reprioritize patients throughout the day
  - Alert nurses to changing clinical conditions
  - Alert patients by phone and physicians by fax
  - Monitor and adjust to open workflow tasks based on volume and available resources
  - Scale to accommodate increased patient volume, client acquisition and client customization

Identification & Stratification

- Approach
  - Use best tools and methods for client-specific goals, population
  - Apply to historical claims to conduct formal opportunity analysis to advise clients, recommend tailored programs, and set expectations
- Tools
  - Alere Identification System (SAS/SQL)
    - Internally developed analytic platform for very large datasets
    - Proprietary criteria developed & refined for multiple conditions at population level or select risk subsets
  - Impact Pro™ Suite (Ingenix)
    - Uses ETGs for episode identification, PRGs for pharmacy-based predictive modeling and EBM Connect for profiling of conditions, gaps in care
  - Pharmacy Risk Groups™ (PRGs)
    - Pharmacy-based predictive modeling system that uses pharmacy data alone to assess prospective risk in individuals

Acuity Prioritization System

- We use 2-3 dozen data parameters to recompute an acuity score for every participant every 1-2 hours through the day
- These scores determine sequencing of outbound contacts to those participants at greatest risk
- Contacting highest risk participants early in the day allows us to connect them to their physicians that same day if warranted
- This "intelligent targeting" of outbound contacts contributes to program effectiveness and efficiency
- To achieve similar outcomes without remote monitoring and data-driven prioritization would drive significantly higher costs for additional manpower and higher contact frequency
- We can also reassess status and acuity following all ER and admission events with client-supplied daily census file and patient contact within 2 days following such events

Enrollment & Engagement

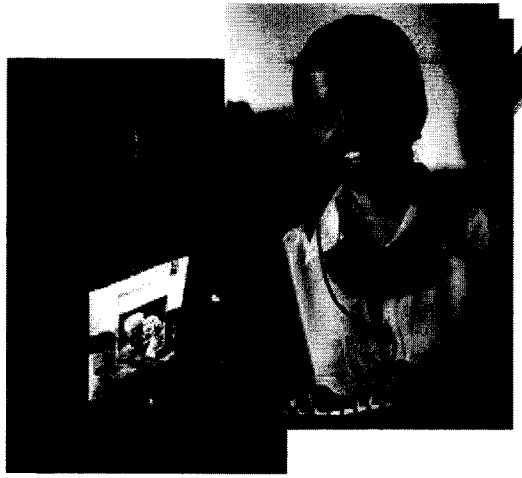
Eligible Members from Customer

↓

Stratification

↓

Data Loaded into Alere Call Queues



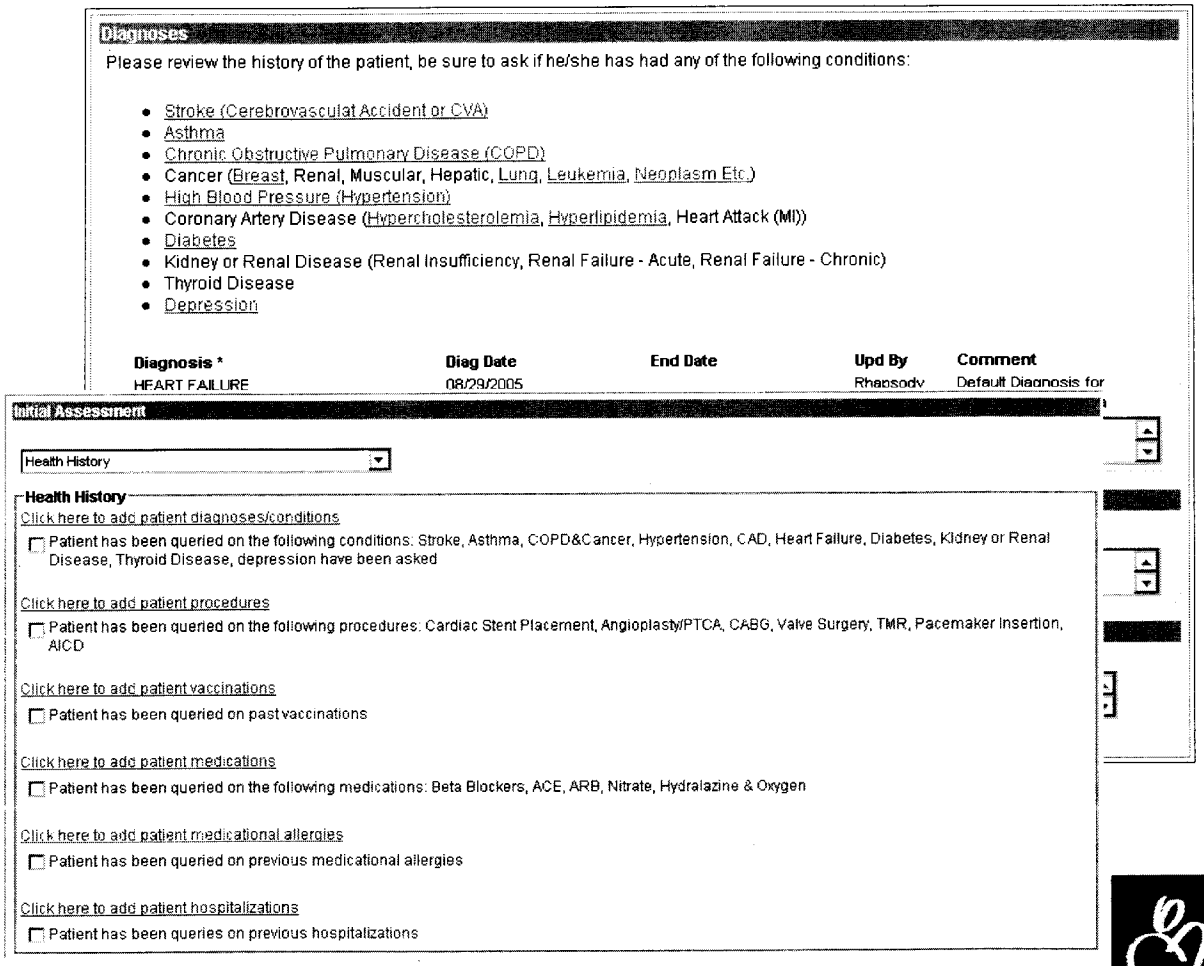
Welcome Packet

- Motivational interviewing techniques by Certified Enrollment Service Reps
- IVR System Call Recording
- Logic Driven System Embedded Call Scripting
- System Requeuing
- Performance Standards Management
- Call Quality Monitoring
- No "Talktime Restraints"

- Language Translation
- Device Troubleshooting
- Installation Assistance

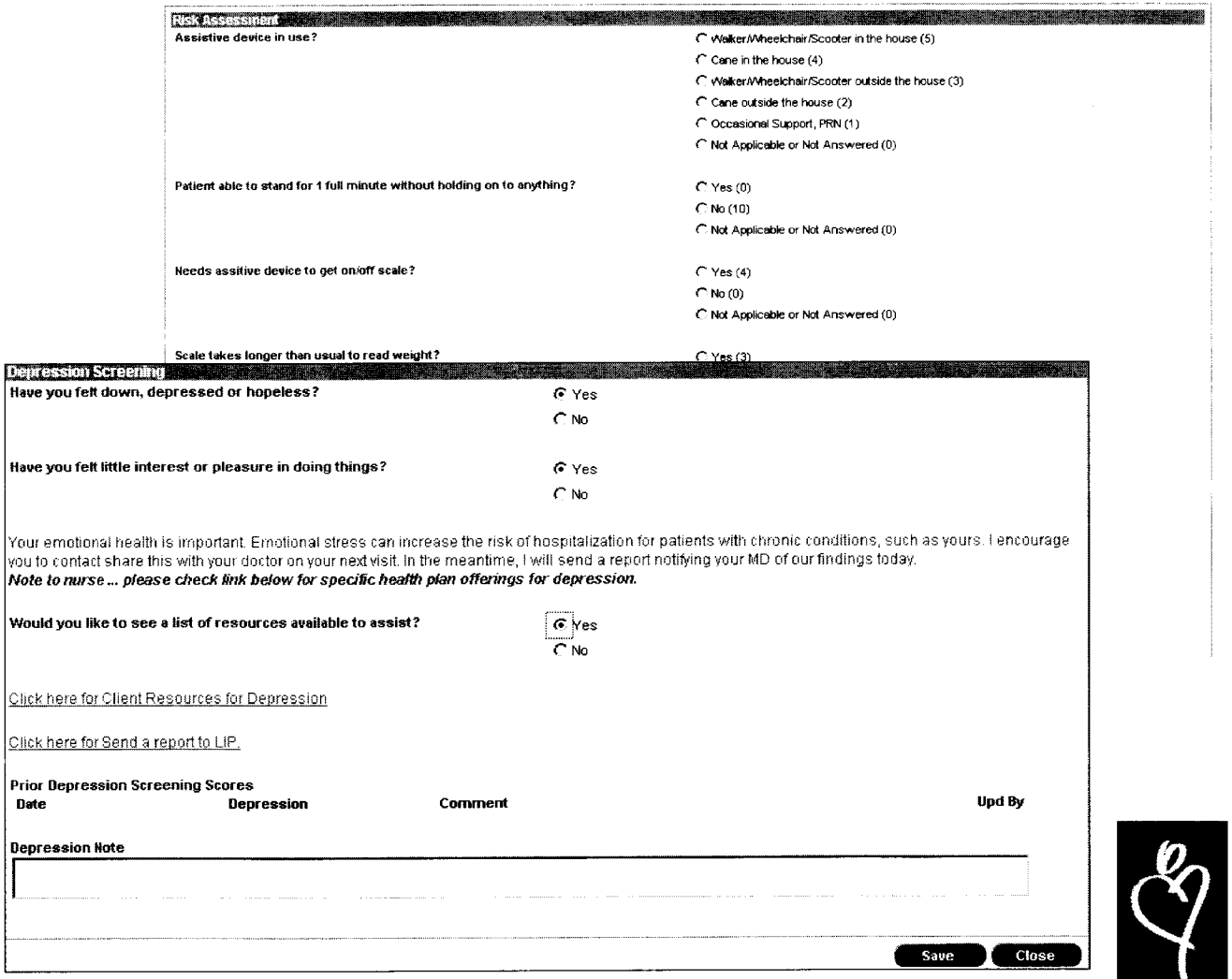
Nursing Assessment

- Health history
- Hospitalizations & procedures
- Medications
- Disease & condition knowledge
- Vaccinations
- Co-morbidities



Risk & Depression Screening

- Routine screening for depression & risk for falling
- Referrals to appropriate resources (healthplan, provider, etc.)



Risk Assessment

Assistive device in use?
- Walker/Wheelchair/Scooter in the house (5)
- Cane in the house (4)
- Walker/Wheelchair/Scooter outside the house (3)
- Cane outside the house (2)
- Occasional Support, PRN (1)
- Not Applicable or Not Answered (0)

Patient able to stand for 1 full minute without holding on to anything?
- Yes (0)
- No (10)
- Not Applicable or Not Answered (0)

Needs assitive device to get on/off scale?
- Yes (4)
- No (0)
- Not Applicable or Not Answered (0)

Scale takes longer than usual to read weight?
- Yes (3)

Depression Screening

Have you felt down, depressed or hopeless?
- Yes
- No

Have you felt little interest or pleasure in doing things?
- Yes
- No

Your emotional health is important. Emotional stress can increase the risk of hospitalization for patients with chronic conditions, such as yours. I encourage you to contact share this with your doctor on your next visit. In the meantime, I will send a report notifying your MD of our findings today.
Note to nurse ... please check link below for specific health plan offerings for depression.

Would you like to see a list of resources available to assist?
- Yes
- No

Click here for Client Resources for Depression

Click here for Send a report to LIP.

Prior Depression Screening Scores

Date	Depression	Comment	Upd By

Depression Note

Save Close

Medication Adherence

- Assess & intervene for class drug usage
- Monitor medication adherence

Current Medication (1030 Bamp Mary M) - Microsoft Internet Explorer provided by Alere Medical, Inc.

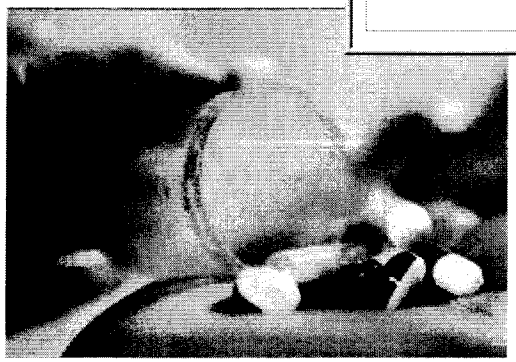
Current Medications

Start Date	Medication *	Drug Class	Dose *	Unit *	Freq *	Route *	Comment	Upd By
06/05/2004	Lisinopril	Ace Inhibitors	20.0	mg	BID	By Mouth	Add Meds: Lisinopril-Prinivil/Zestril	Conversion
06/05/2004	Lisinopril	ANTIHYPERTENSIVE	20.0	mg	BID	By Mouth	Add Meds: Lisinopril-Prinivil/Zestril	aking
06/05/2004	Digoxin	CARDIOTONICS	0.25	mg	QD	By Mouth	Add Meds: Digoxin-Lanoxin/Lanoxicaps/Digitek	Conversion
08/21/2004	Hydrochlorothiazide	DIURETICS	50.0	mg	QD	By Mouth	Add Meds: Hydochlorothiazide (HCTZ)-HydroDiuril/Microzide	jhenschel
09/18/2004	Torsemide	DIURETICS	20.0	mg	PRN	By Mouth	Add Meds: Demadex-Toresmide	hchin
06/05/2004	Cyanocobalamin	HEMATOPOIETIC AGENTS	1.0	caps	QD	By Mouth	Add Med Vitamin B-12	aking
06/05/2004	Potassium Chloride	MINERALS & ELECTROLYTES	550.0	mg	QD	By Mouth	Add Meds: KCL-Micor-K/K-Dur/Potassium	Conversion
06/05/2004	Levothyroxine Sodium	THYROID	75.0	mg	QD	By Mouth	Add New Med: Synthroid	aking
01/06/2006				mg	QD	By Mouth		jgage

Expired or Discontinued Medications

Start Date	Medication	Drug Class	Dose	Unit	Freq	Route	Comment	End Date *	Upd By
06/05/2004	Diclofenac	Nsaid	50.0	mg	PRN	By Mouth	Add Meds: Arthrotec-Diclofenac/Misoprostol	01/03/2005	ldoerr
06/05/2004	Hydralazine Hydrochloride	Antihypertensives	50.0	mg	QD	By Mouth	Add Meds: Hydralazine & HCTZ*-Apresazide*	08/21/2004	jhenschel

Close



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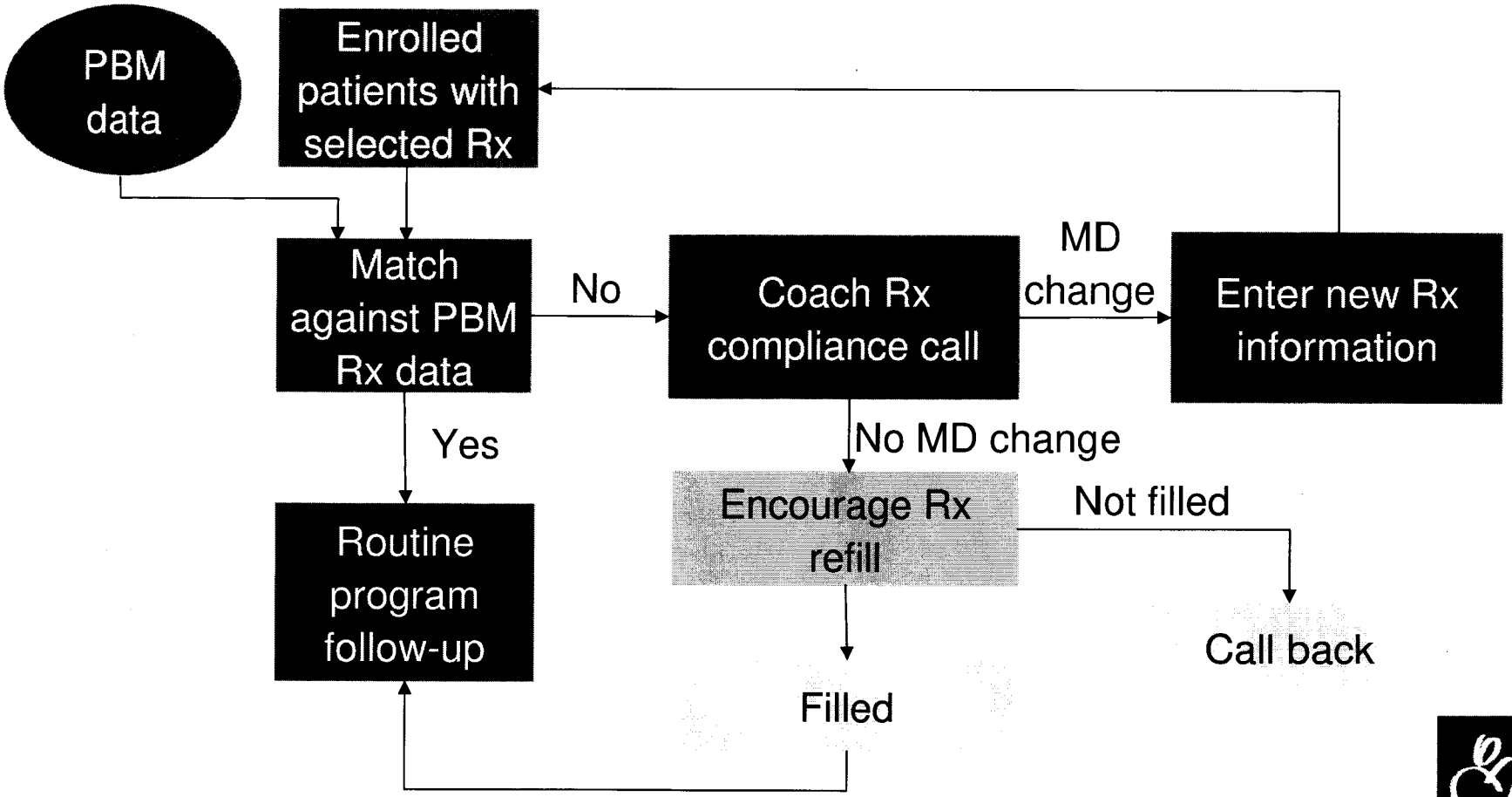
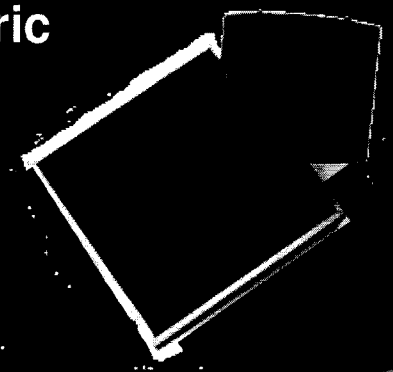
Patient Monitoring — Rx Claims

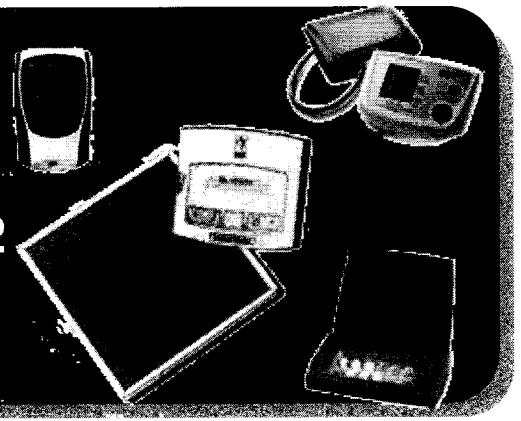


Patient Monitoring — Device

Home Biometric DayLink® Monitor 110 / 111
(Heart Failure Program)



Home Biometric DayLink® Monitor 112



- Symptoms + / - Precise electronic scale up to 475 lbs.
- Easy installation
- Requires < 2 minutes for patients to complete
- > 95% compliance
- Transmits data over phone line to Alere's toll-free number

- Biometric data collection for multi disease states
- Expanded capabilities to incorporate peripheral devices
  - Glucose readings
  - Blood Pressure, Pulse Oximetry
  - Expanded questions and reminders
- Wireless devices allows for "plug and play" setup

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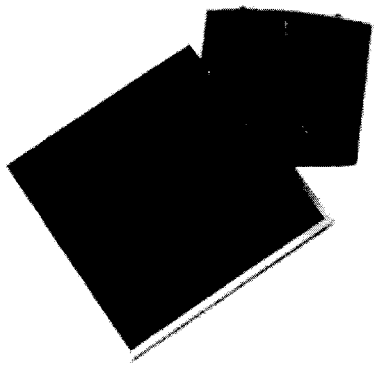
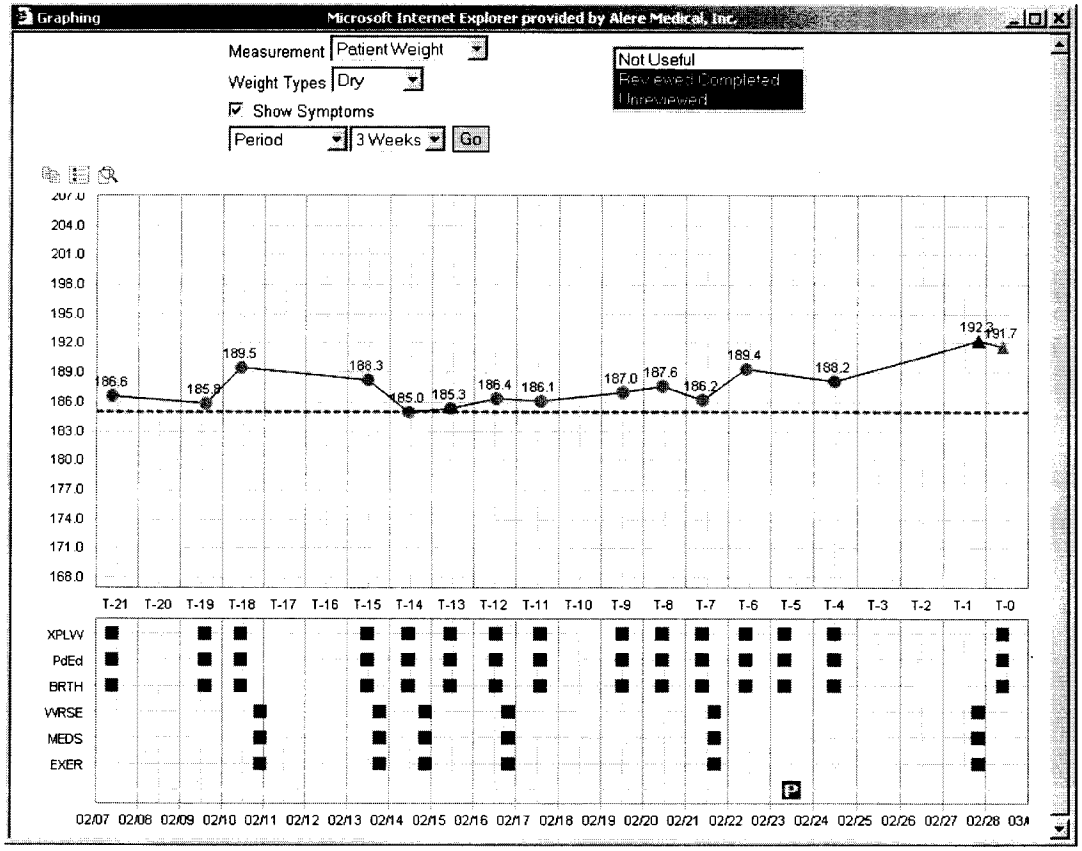
Heart Failure Biometric Monitoring

- Daily weight and symptom monitoring via DayLink® Monitor in patient's home
- Data transmitted over phone line
- 95% patient compliance





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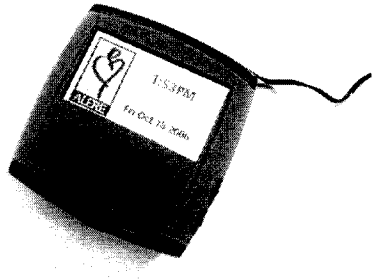
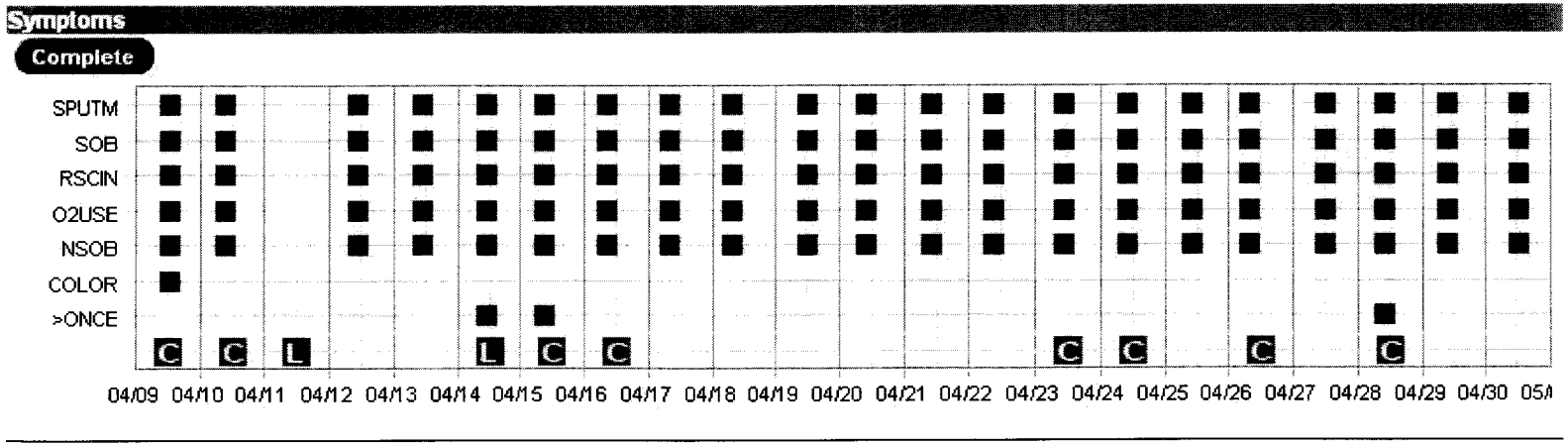
COPD Biometric Monitoring

- Daily symptom data via DayLink® Monitor in patient's home
- Adherence reminders
- Data transmitted over phone line





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Diabetes Biometric Monitoring

- Bi-weekly blood glucose and symptom data via DayLink® Monitor in patient's home
- Data transmitted over phone line

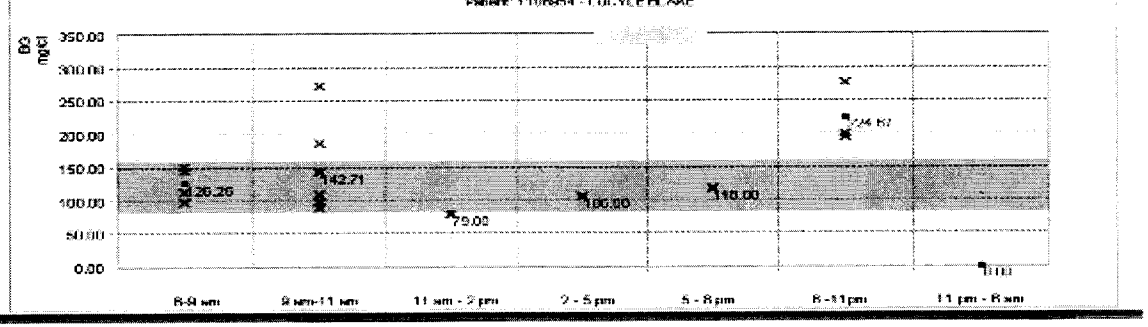
Date	6-9 am	9-11 am	11 am-2 pm	2-5 pm	5-8 pm	8 pm-11pm	11 pm-6 am	Total Daily Count	Daily Average
04/25/2007			79					1	79.0
04/24/2007		100						1	100.0
04/23/2007		97, 110						2	103.5
04/22/2007	151							1	151.0
04/20/2007				106		277		2	191.5
04/19/2007	144							1	144.0
04/14/2007		273						1	273.0
04/11/2007	97					201		2	149.0
04/10/2007	113							1	113.0
04/09/2007		143						1	143.0
04/08/2007						196		1	196.0
04/07/2007		90			118			2	104.0
04/06/2007		186						1	186.0
Period Averages	126.3	142.7	79.0	106.0	118.0	224.7		17	145.9

Red numbers are above range - Blue Numbers are below range

These are general blood glucose target ranges. Ranges are customizable and individualized for each patient

If more than one measurement exists for a given period, only the minimum and maximum values will be shown.

Blood Glucose Standard Day Chart



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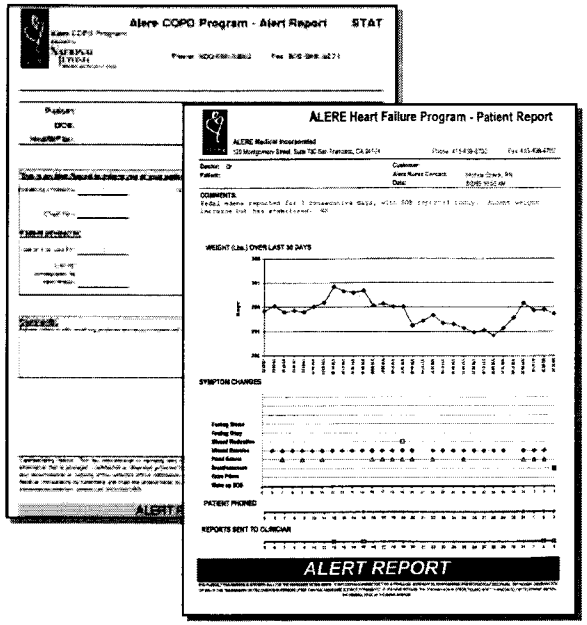
Clinician Communications

- Our management team, mostly clinicians themselves, appreciates the realities of busy office practices
- Communications to clinicians must be patient-specific, timely, actionable, brief, and highly relevant to be value-adding
- Our goal is parsimonious reports that can be scanned and digested in <1 minute, and identifies important information that impacts clinicians' treatment plan & patient management
- Our reports provide data that most physicians do not routinely receive or may be time-consuming to check, such as all Rx from all clinicians, treatment adherence information from claims and self-report, latest key lab tests and results, etc.
- We can send reports electronically if desired, yet nearly all physicians still prefer fax; PHR integration is underway

Clinician Reports

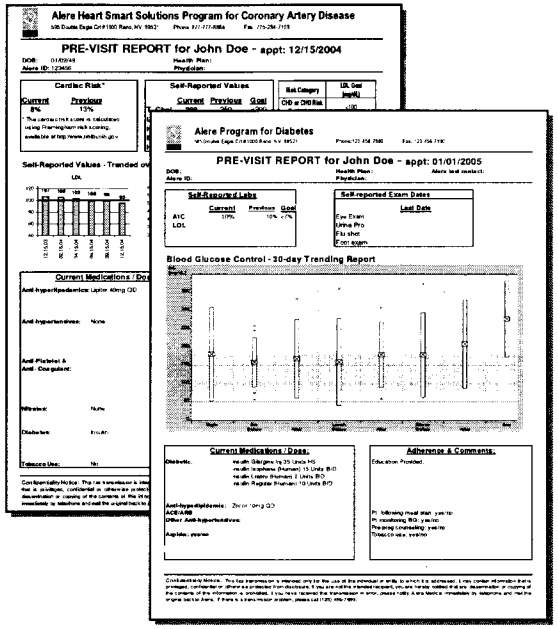
ALERT REPORT



Alert Report – HF / COPD

- Faxed to physician when urgent patient problem needs to be reported to physician
- 24-hour response expected
- 95% physician compliance

PRE-VISIT REPORT



Pre-visit Report – CAD / Diabetes

- Faxed to physician 1 to 2 days prior to scheduled appointment
- Provides between visit summary of relevant clinical data

Data Rich, Easily Interpreted

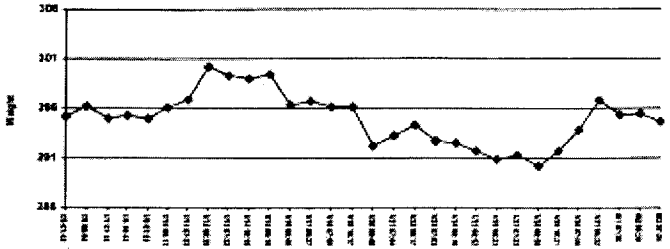
ALERE Heart Failure Program - Patient Report

ALERE Medical Incorporated
120 Montgomery Street, Suite 750 San Francisco, CA 94104 Phone: 415-439-6700 Fax: 415-439-6707

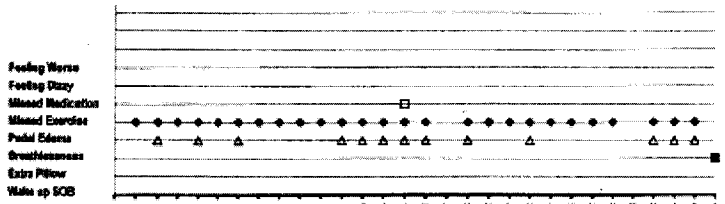
Doctor: Dr.
Patient:
Customer:
Alere Nurse Contact: Monica Emrick, RN
Date: 8/3/03 10:56 AM

COMMENTS:
Pedal edema reported for 3 consecutive days, with SOB reported today. Recent weight increase but has stabilized. ME

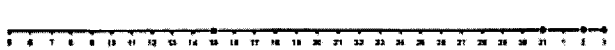
WEIGHT (Lbs.) OVER LAST 30 DAYS



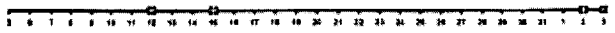
SYMPTOM CHANGES



PATIENT PHONED



REPORTS SENT TO CLINICIAN



ALERT REPORT

Alere Program for Diabetes

595 Double Eagle Crt #1000 Reno, NV 89521 Phone:123-456-7890 Fax: 123-456-7890

PRE-VISIT REPORT for John Doe - appt: 01/01/2005

DOB:
Alere ID:
Health Plan:
Physician:
Alere last contact:

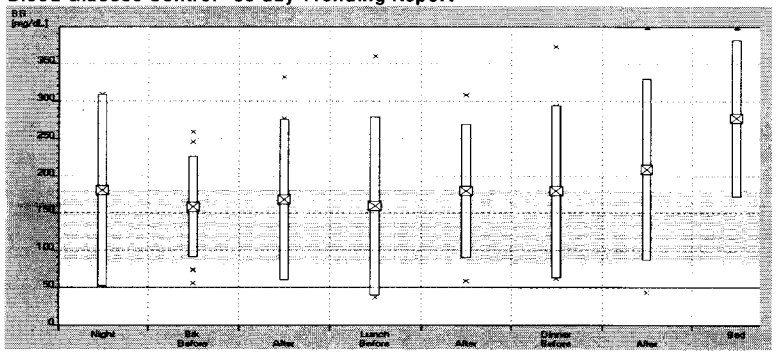
Self-Reported Labs

	Current	Previous	Goal
A1C	10%	10%	<7%
LDL			

Self-reported Exam Dates

	Last Date
Eye Exam	
Urine Pro	
Flu shot	
Foot exam	

Blood Glucose Control - 30-day Trending Report



Current Medications / Dose:

Diabetic: Insulin Glargine Inj 35 Units HS
Insulin Isophane (Human) 15 Units BID
Insulin Lispro (Human) 2 Units BID
Insulin Regular (Human) 10 Units BID

Anti-hyperlipidemia: Zocor 10mg QD
ACE/ARB
Other Anti-hypertensives:

Aspirin: yes/no

Adherence & Comments:

Education Provided:

Pt. following meal plan: yes/no
Pt monitoring BG: yes/no
Pre-preg counseling: yes/no
Tobacco use: yes/no

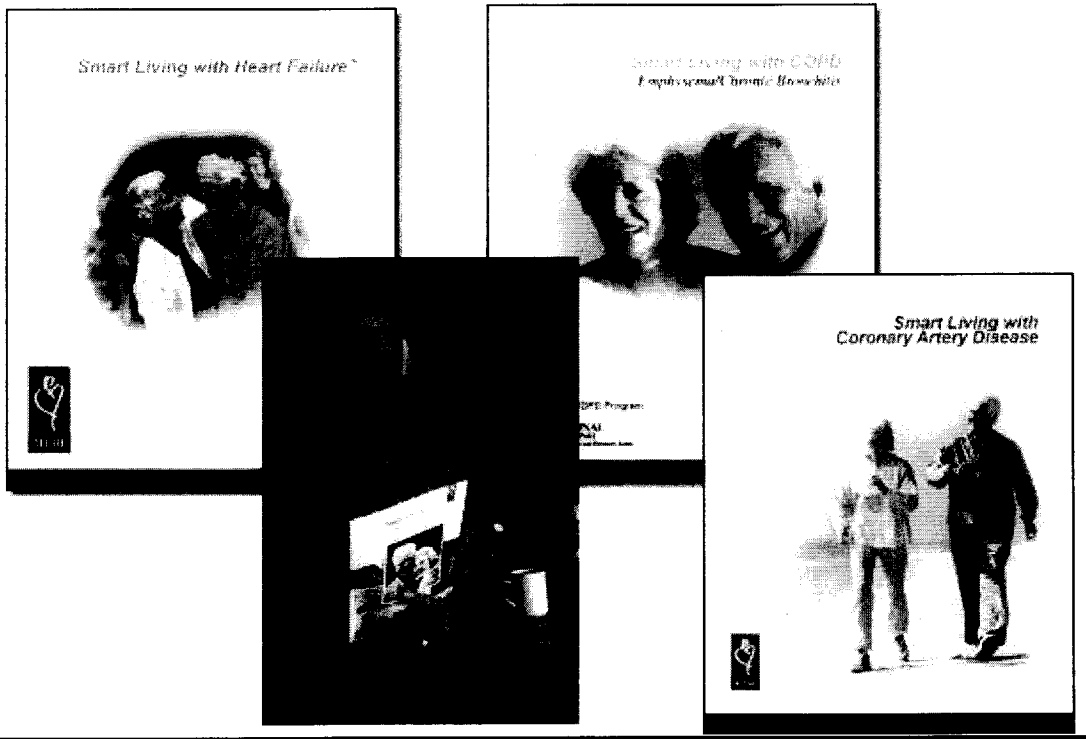
Evidence-Based Pt. Education

- Disease & symptoms
- Medication use & compliance
- Diet & nutrition
- Exercise & lifestyle
- Depression
- Self-management

Patient Education History

Date	Topic *	Subtopic *	Understanding *	Comment	Upd By	Who *
12/12/2005	Medications	Medication Tips	Verbalized Understanding		Lking	Patient - HOWDIE TESTDOODIE
12/12/2005	Heart Healthy Diet	DASH Diet	Needs Reinforcement	Pt's wife died and used to make all food. He is learning to care for himself now.	Lking	Patient - HOWDIE TESTDOODIE
12/12/2005					Lking	Patient - HOWDIE TE

Close



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Outcomes Approach

- Alere believes the industry is strengthened by more standardized, rigorous, and ultimately, comparative outcomes
  - Leading role in DMAA's industry standardization process
  - Immediate Past Chair of DMAA's Q&R Committee
- Start by doing Opportunity Analysis from historical claims
  - Allows program customization, aligns mutual expectations
- Utilize industry standard outcomes measures/methods
  - Alere's methods consistent with DMAA, Volume I & II Guideline reports
  - Multiple correlating measures reinforce plausibility of results
- Transparent evaluation of program performance
  - Expect clients to replicate evaluation with matching results
  - Independent review or audit of outcomes welcomed

Outcomes Accountability

- Pioneer in use of independent third party experts to validate DM outcomes
  - Tillinghast Towers-Perrin, 2000
- Recognition by DM industry for its leading outcomes
  - Methods certified by Disease Management Purchasing Consortium
    - One of two DMPC-certified entities to demonstrate reduction in utilization per plausibility measure (per Al Lewis, DMPC President)
  - Consultant to DMAA for standardized outcomes methods/measures
  - NCQA consultant for public, comparative DM outcomes reporting
  - Consultant to Munich Re American Healthcare for DM partnering
- Independent research results support Alere programs
  - WHARF trial, L. Goldberg, U.Penn, Am. Heart Jl., 2003
  - RPM study, H. Krumholz, Yale, Circulation, 2007

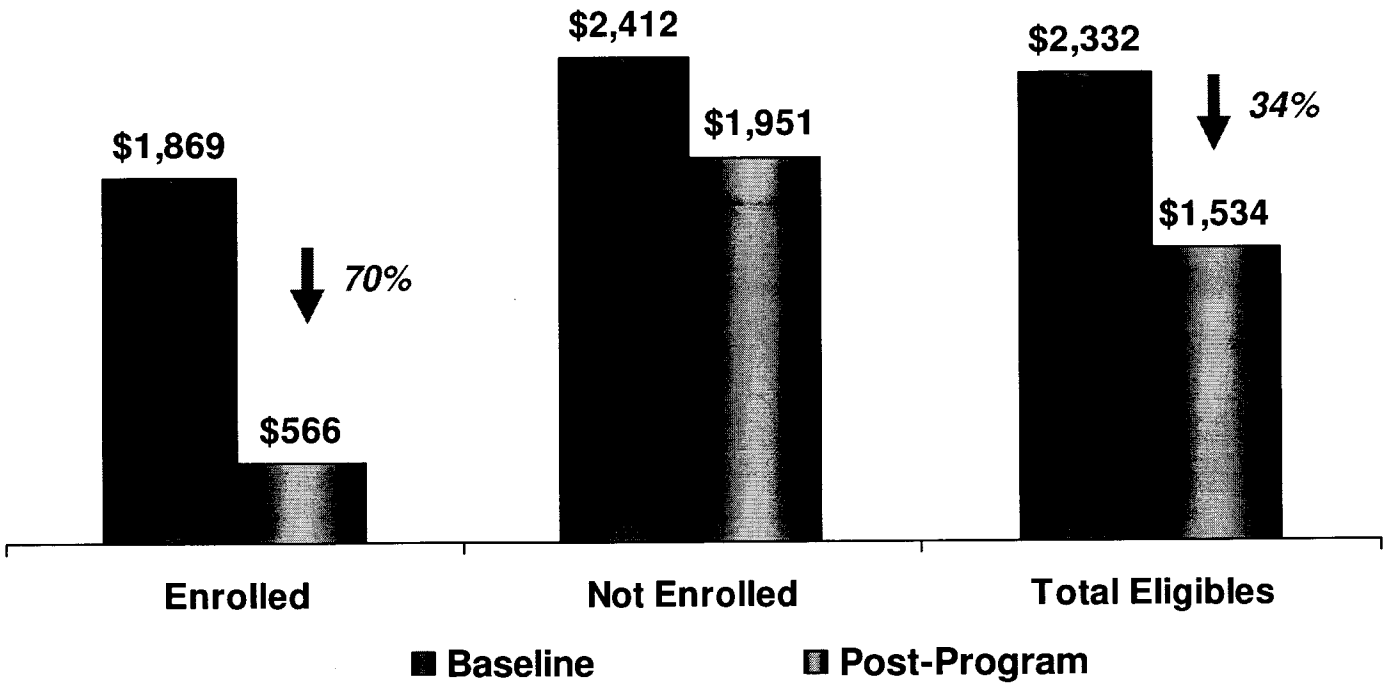
Outcomes Measures

- If an equivalent control group is available we base analysis on comparison of intervention group to control group
- Absent equivalent control group, we use a pre/post framework to analyze change in total medical expenditures for the DM eligible population compared to baseline
- We then look for key utilization metric confirmation
  - All-cause hospital admission rate for eligible population
  - Disease-specific hospital admission rate for entire insured population ("plausibility measure" per Disease Mgt Purchasing Consortium)
- We expect clinical quality and functional status measures to parallel economic measures
- Experience of care coordination assessed for participants and providers via third party satisfaction survey

HF Outcomes

Reduction in Paid $ PMPM (Commercial)

Annual Outcomes Analysis Performed by Alere's Client
Total Health Care Cost Per Patient Per Month

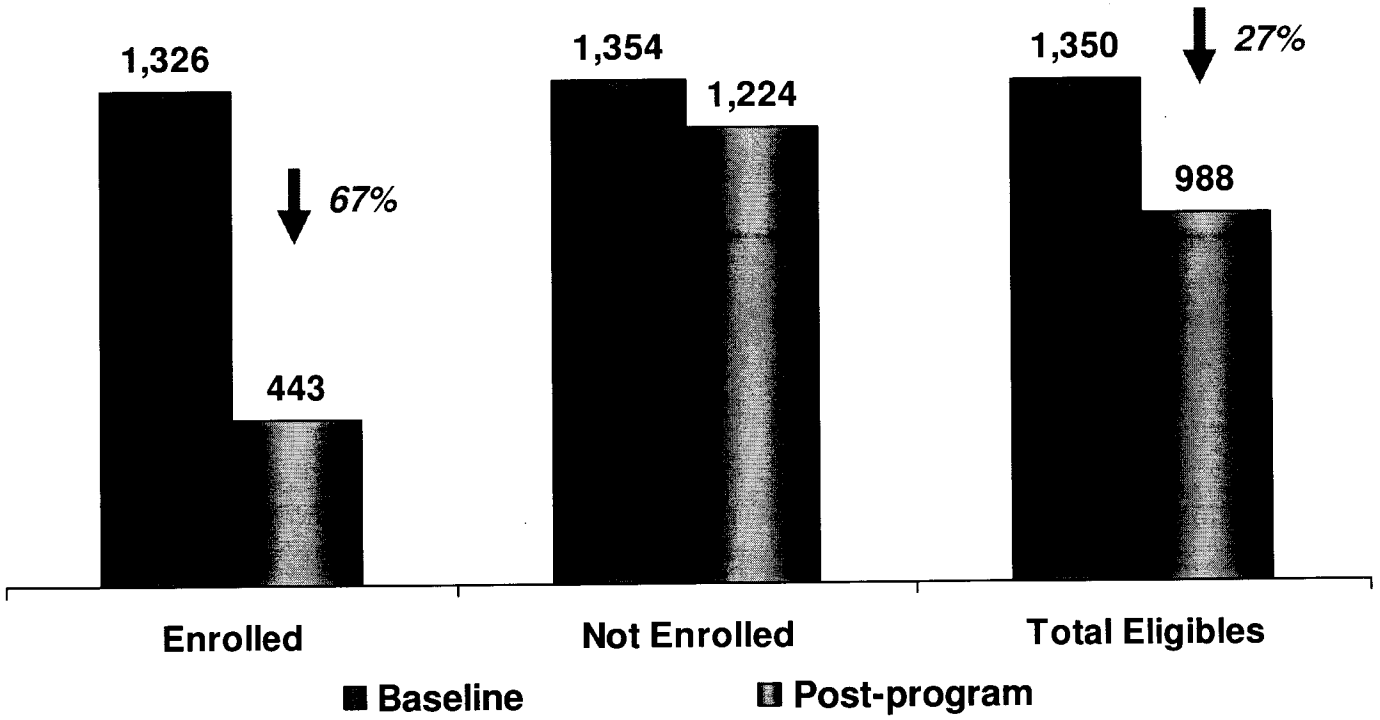


Data Source: Client outcomes database: Commercial Population

HF Outcomes

Reduction in Hospitalization Rate (Commercial)

Annual Outcomes Analysis Performed by Alere's Client
All-cause Hospital Admits Per 1,000 Patients Per Year



Data Source: Client outcomes database: Commercial Population

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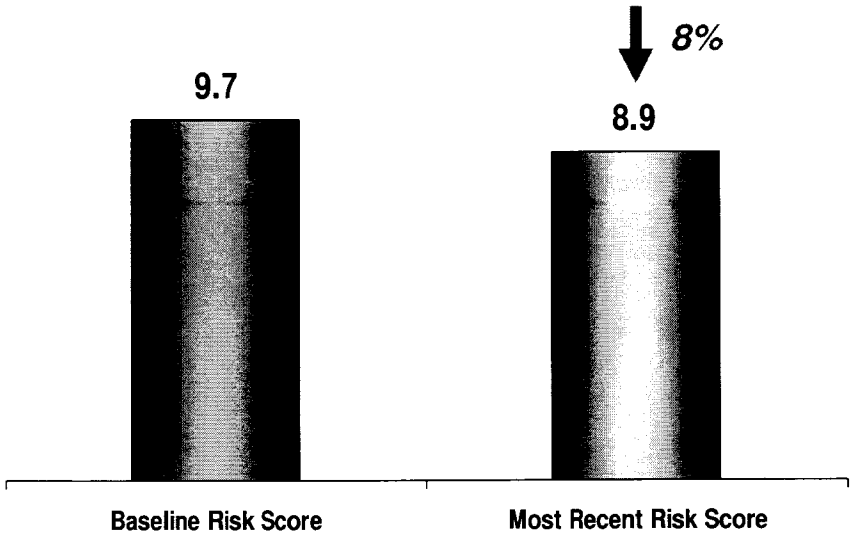
CAD Outcomes

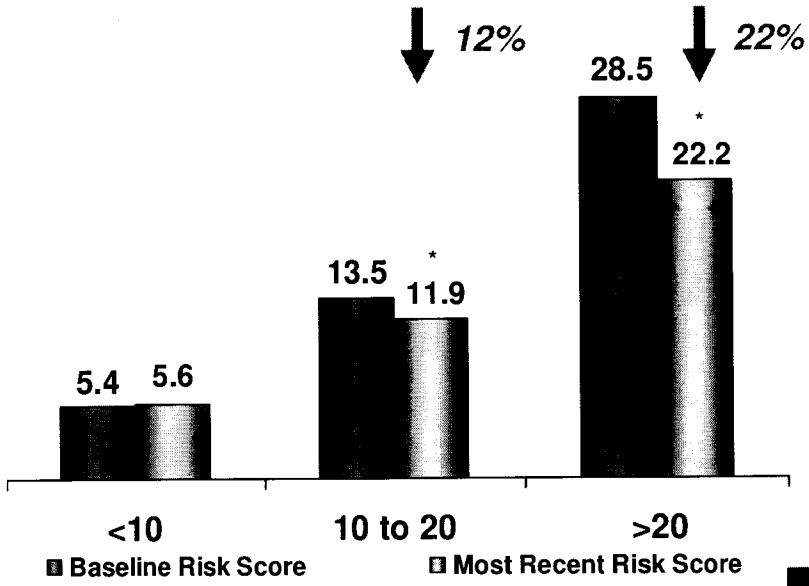
Cardiac Risk Management

Program Effect On Engaged Patients With Higher Risk Score

Risk Score Reduction



Cardiac Risk Score by Baseline Score



* $p<0.05$

Data Source: Alere Outcomes Database

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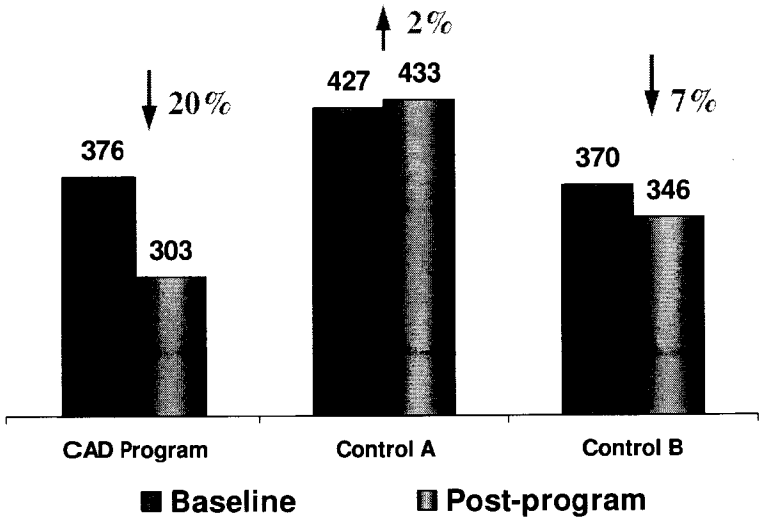
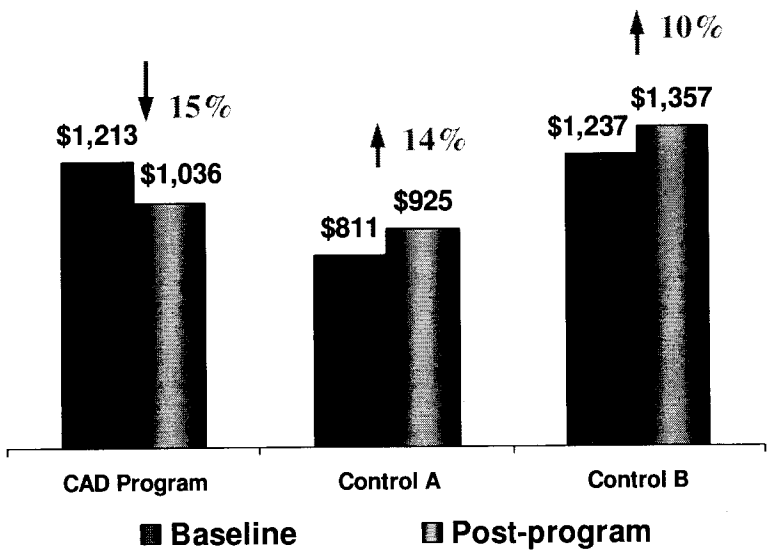
CAD Outcomes

Reduction in Utilization and Costs

All-cause Inpatient Admit Rate (PTMPY)



Total Health Care Costs (PPPM)

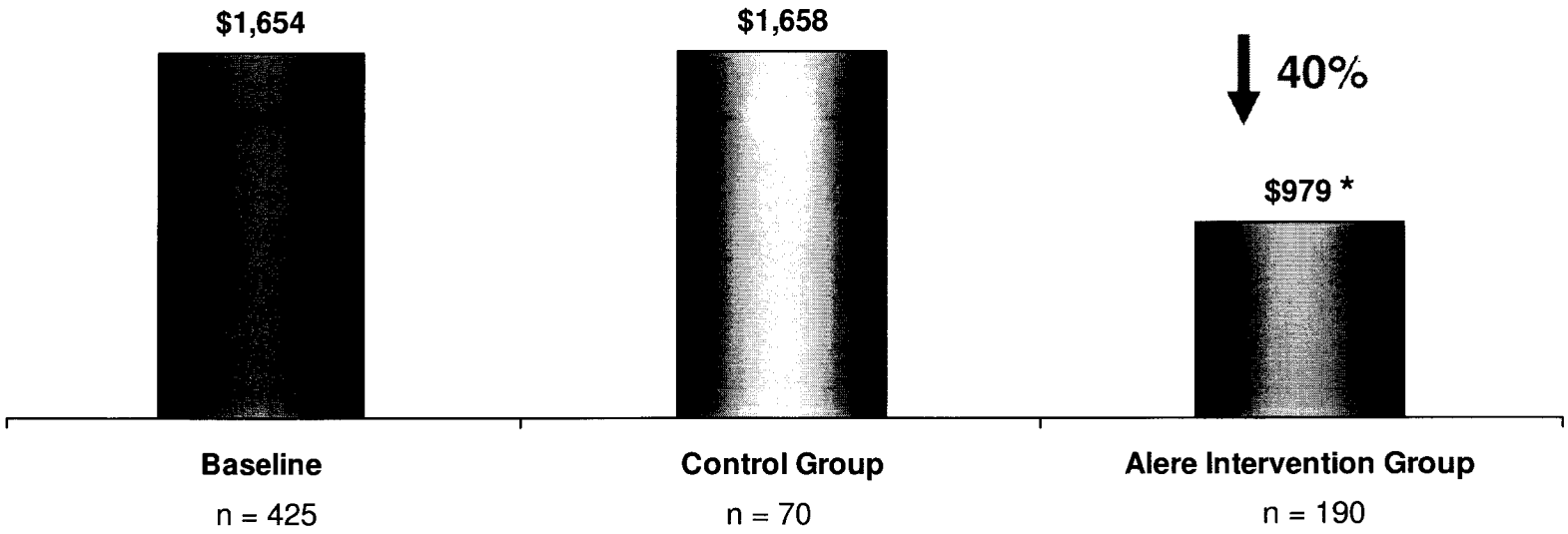


Data Source: Medical Claims Data from Client A (2/1/04 to 5/31/06)
Annual cost trend applied
Annual Stop-loss not applied

Diabetes Outcomes

Total Health Care Cost Per Patient Per Month

(Preliminary analysis based on 6-month program evaluation period – randomized control / interventions groups)

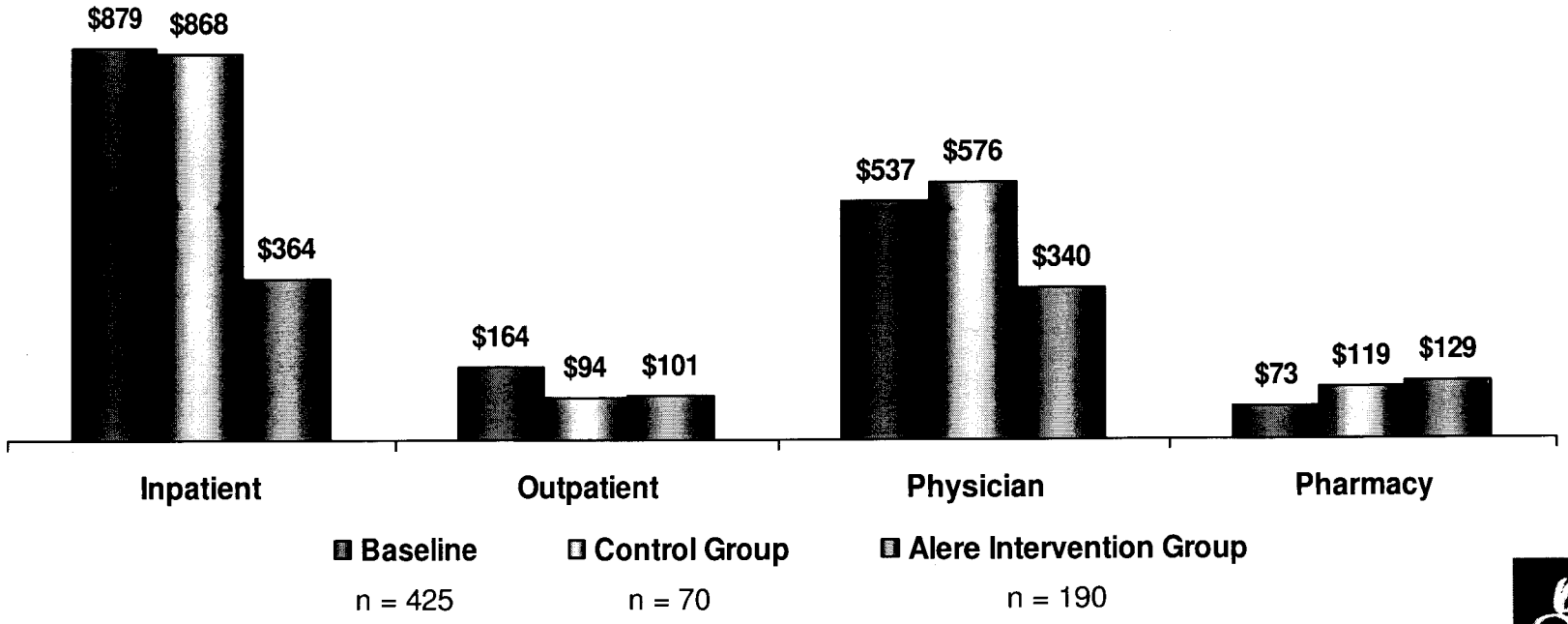


* *p<0.05*

Data Source: Client's Claims Database 2005-2006

Diabetes Outcomes

Cost Per Patient Per Month by Type of Service
(Preliminary analysis based on 6-month program evaluation period)



Data Source: Client's Claims Database 2005-2006

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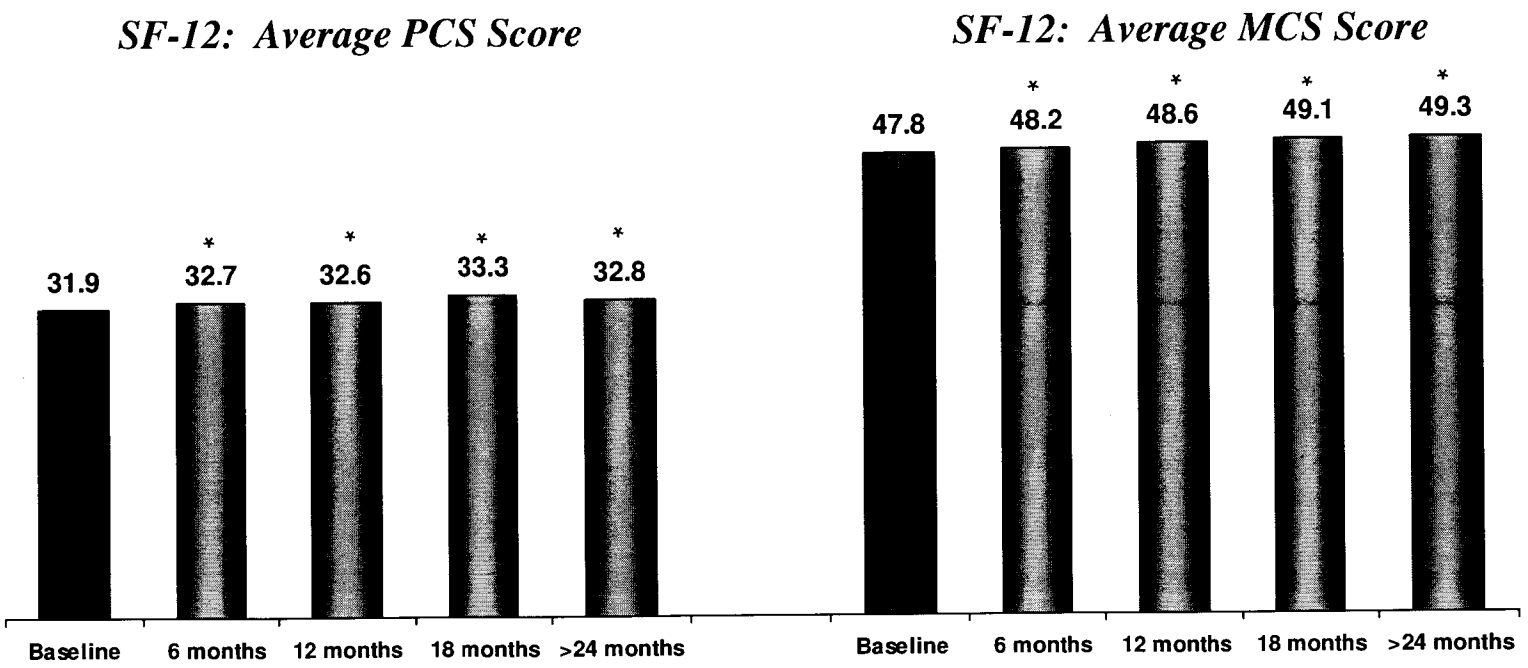
Quality of Life Outcomes

Improvement in Mental & Physical Component Scores Over Time



* p<0.05

Data Source: Alere Outcomes Database
Patient self-reported QOL data 2005

Response Rate: 40%

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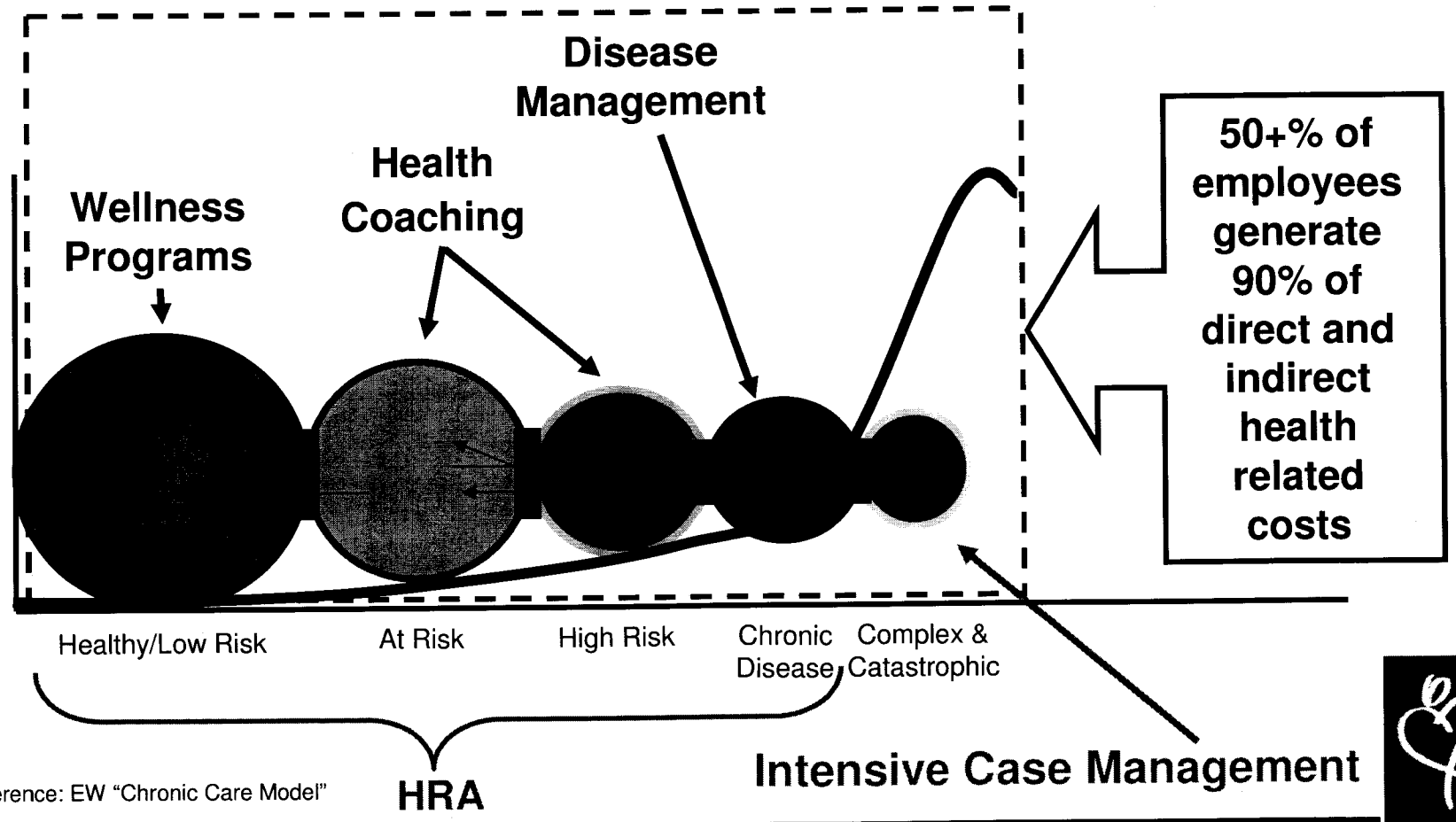
Clinician Satisfaction Outcomes

Question Description	2004-2006 % Satisfied Range
Alere's program helps monitor your patient's condition	71 - 79%
Alere's program helps reduce hospitalizations	50 - 66%
Alere's program helps reinforce your treatment plan	64 - 80%
Alere's program helps provide education and information to patients	64 - 75%
Alere's reports contain useful information	66 - 78%
Alere's reports are comprehendible	85 - 90%
Has the Alere program has had a positive impact on your patients?	63 - 73%

95% Confidence Interval: Varies by question, by year, but typically in range of 6-12%

Data Source: Serial Alere provider satisfaction survey data from The Olinger Group

Alere's Present Focus



Reference: EW "Chronic Care Model"

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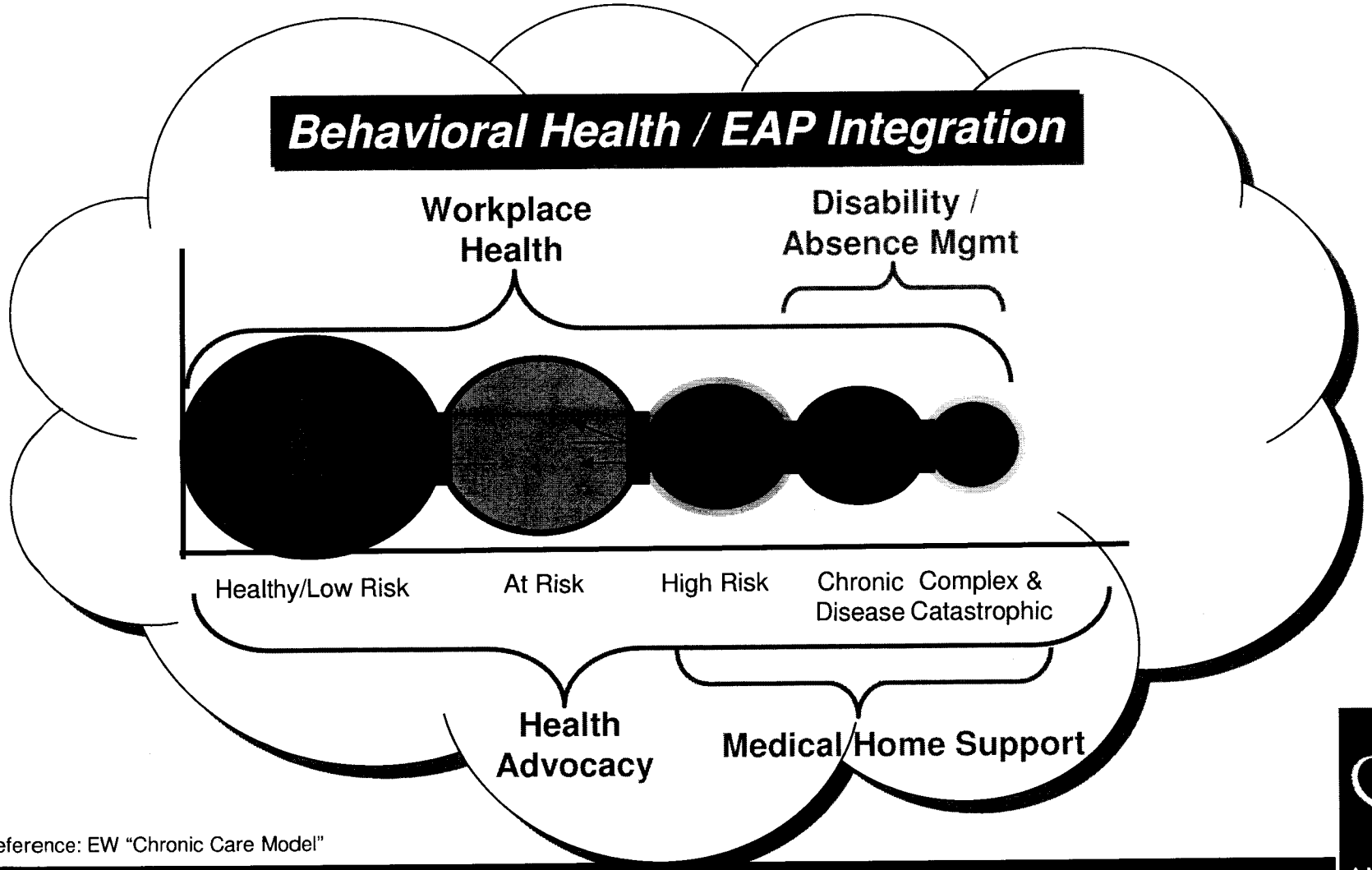
Total Health Management Needs



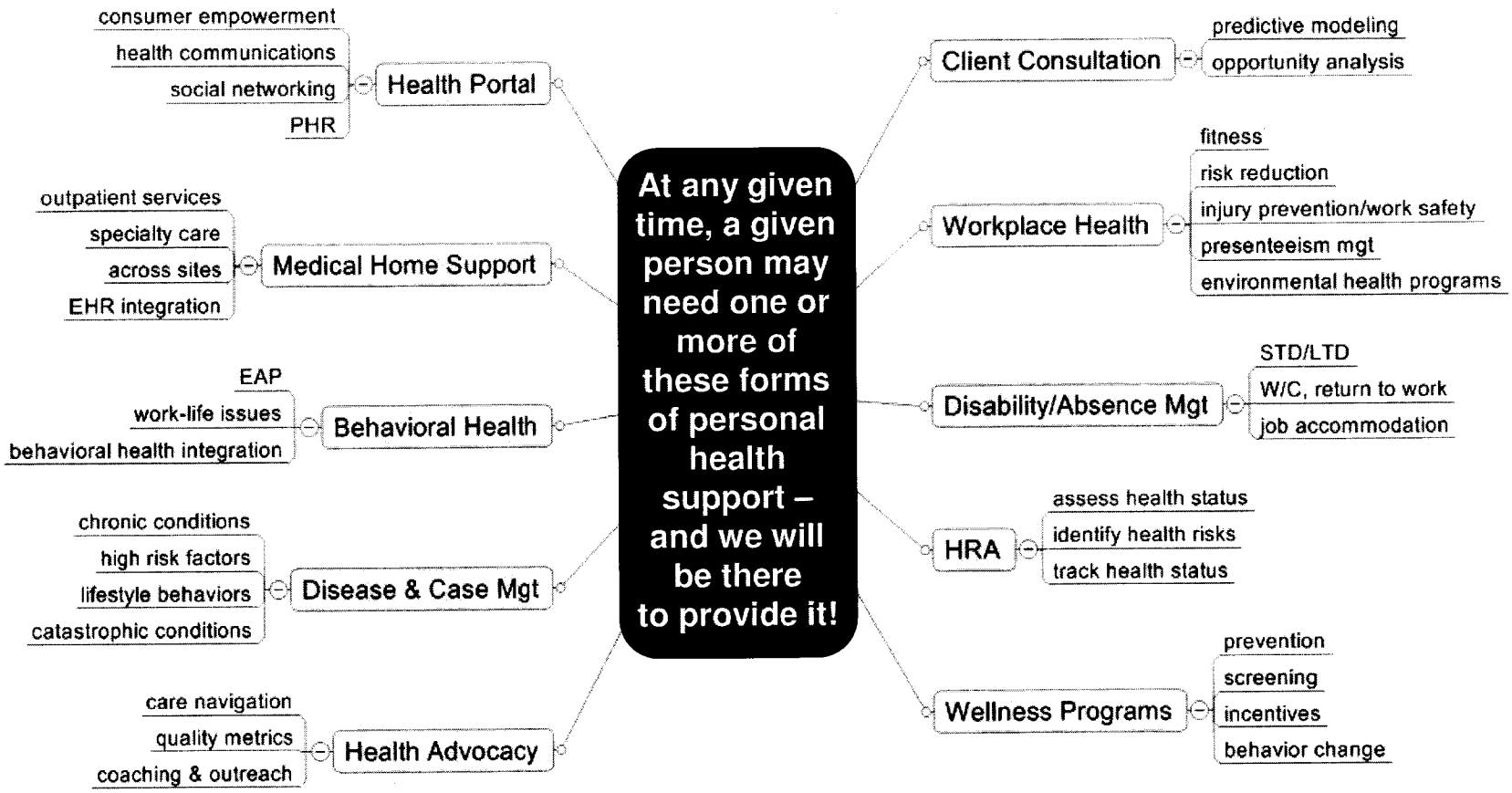
Reference: EW "Chronic Care Model"

Relevant Decision Support Today

What Clinical Decision Support Should Provide Clinicians	What Alere's PHS Platform Provides Clinicians Today
Identification and stratification of population under care for those at risk for avoidable morbidity and mortality, delineation of those risks	For clinicians without registries (most), we do monthly population analysis to identify and track patients at greatest risk for avoidable morbidity
Predictive modeling tools to extend risk assessment beyond observable clinical characteristics to include prior diagnoses, labs, procedures, events, drugs, self-reported data	We integrate a large number of clinically-relevant variables that are beyond the usual scope of the community practitioner to find high risk patients who might not present for care until much later
Workflow tools, processes to routinize the oversight of at risk and chronically ill populations when out of sight from clinicians	Our Alere platform provides integrated workflows to track and intervene when needed, and can be used by our clinical staff or 3rd parties as needed
Regular recurring contact and data collection (daily, if warranted) to monitor risk status and refer patients with imminent threat of morbidity in time to MD to intervene effectively and efficiently	Daily remote monitoring of symptoms and select biometric parameters for highest risk cohorts allows more efficient and effective identification of those in need of acute clinician intervention
Timely clinician notification and suggested interventions to avoid morbidity that fit into current practice ecology without reengineering	Our usual clinician communication is by fax and phone, similar to current workflow for lab results, imaging, other routine clinical communiqués

Personal Health Support

Person-Centric, Needs-Based, Data-Driven, Clinician-Connected



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